DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 0 - 0 1 1	South Dakota	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TIT	TLE XIX OF THE SOCIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2000	•	
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	ONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for each a	mendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
Section $1902(r)$ (2) of the Act	a. FFY 2001 \$ 18,575 b. FFY 200 2 \$ 18,575		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):		
Supplement 8b to Attachment 2.6-A Page 1	Supplement 8 to Atta Page 1	achment 2.6-A	
10. SUBJECT OF AMENDMENT: To allow more liberal methods of treat for the entire month, if the recip	ing income by permitting pient meets the resource s	eligibility standards at	
any time during the month.			
11. GOVERNOR'S REVIEW (Check One):	_		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
13. TYPED NAME:	Department of Soci		
James W. Ellenbecker	Office of Medical 700 Governors Driv		
14. TITLE:	Pierre, SD 57501		
Secretary			
15. DATE SUBMITTED: 12/21/2000			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED		
December 22, 2000	3/21/01		
PLAN APPROVED - 19. EFFECTIVE DATE OF APPROVED MATERIAL:	ONE COPY ATTACHED	\1.	
10/1/2000	20. SIGNATURE OF REGIONAL OFFICIA		
21. TYPED MAME:	Mullin		
21. TTPED MAME.	22. TITLE:		
David R. Selleck	Acting Associate Regional A	dminsitrator	
23. REMARKS:			
POSTMARK: December 21, 2000			
FORM HCFA-179 (07-92) Instruction	ons on Back		

Revision: HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 8b to ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:_	South Dakota .
	MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r) (2) OF THE ACT
\$	Section 1902 (f) State X Non-Section 1902 (f) State
./	A. The following resource methodology applies to children covered in Section 1902 (a) (10) (A) (i) (III) of the Act who are defined in 1905 (n) (2) of the Act. All resources shall be excluded.
	B. The following resource method applies to groups of individuals covered in Section 1902 (a) (10) (A) (i) (IV); 1902 (a) (10) (A) (ii) (IV); 1902 (a) (10) (A) (ii) (V); and QMB, SLMB, QI-1 and QI-2 [Section 1905(p)].
	The individual is eligible for the entire month if he meets the resource standard at any time during the month.